

For Utility/D sign  
CIP/PCT National  
Original/Substitut /  
Supplemental  
Declarations

Rule 53(b) (37 C.F.R. § 1.53(b))  
**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Atty. Docket  
No.: 01-43

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PULSE OXIMETRY SENSOR AND DISPENSING METHOD**

the specification of which (Check applicable Box(es)):

☒ is attached hereto,

☐ was filed on: \_\_\_\_\_

as U.S. Appln. No.: \_\_\_\_\_

☐ was filed as PCT International Application No. PCT/ \_\_\_\_\_

on \_\_\_\_\_

☐ was amended on: \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application.

| Prior Foreign Application(s) |         | Filed<br>(MM/DD/YY) | Date First Laid Open<br>or Published | Dated Patented or<br>Granted | Priority Claimed         |                          |
|------------------------------|---------|---------------------|--------------------------------------|------------------------------|--------------------------|--------------------------|
| Number(s)                    | Country |                     |                                      |                              | Yes                      | No                       |
|                              |         |                     |                                      |                              | <input type="checkbox"/> | <input type="checkbox"/> |
|                              |         |                     |                                      |                              | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

| Number(s)  | Filing Date (MM/DD/YY) |
|------------|------------------------|
| 60/322,724 | 09/17/01               |

I hereby claim domestic priority benefit under 35 U.S.C. § 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

| Application Number | Filing Date (MM/DD/YY) | Status (patented, pending, abandoned) |
|--------------------|------------------------|---------------------------------------|
|                    |                        |                                       |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: Michael W. Haas, Reg. No. 35,174

Address all correspondence to Customer Number:



30031

PATENT TRADEMARK OFFICE

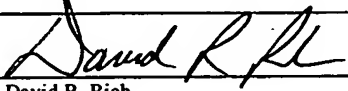
|   |                      |
|---|----------------------|
| (1) Inventor's Signature: <i>Brian M. Fudge</i>                       | Date: <i>9/11/02</i> |
| Full Name: Brian M. Fudge   | Citizenship: U.S.A.  |
| Residence: City: Middletown State: Connecticut                        | Country: U.S.A.      |
| Post Office Address: 169 Country Club, Middletown, Connecticut, 16457 |                      |

|  |                      |
|--|----------------------|
| (2) Inventor's Signature: <i>Kimberley A. Golden</i>                 | Date: <i>9/11/02</i> |
| Full Name: Kimberley A. Golden                                       | Citizenship: U.S.A.  |
| Residence: City: Wallingford State: Connecticut                      | Country: U.S.A.      |
| Post Office Address: 294 Grieb Road, Wallingford, Connecticut, 06492 |                      |

☒ Additional inventors are being named on the supplemental additional inventor(s) sheet(s) RI-116-2 attached hereto)

Title: PULSE OXIMETRY SENSOR AND DISPENSING  
METHOD

**DECLARATION AND POWER OF ATTORNEY**  
(Continued)  
**ADDITIONAL INVENTORS**

|   |                          |                           |                            |  |
|---|--------------------------|---------------------------|----------------------------|--|
| (3) Inventor's Signature:  |                          |                           | Date: <u>12 Sept '02</u>   |  |
| Full Name: <u>David R. Rich</u>   |                          |                           | Citizenship: <u>U.S.A.</u> |  |
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|                           |       |        |              |  |
|---------------------------|-------|--------|--------------|--|
| (4) Inventor's Signature: |       |        | Date:        |  |
| Full Name:                |       |        | Citizenship: |  |
| Residence:                | City: | State: | Country:     |  |
| Post Office Address:      |       |        |              |  |

|                           |       |        |              |  |
|---------------------------|-------|--------|--------------|--|
| (5) Inventor's Signature: |       |        | Date:        |  |
| Full Name:                |       |        | Citizenship: |  |
| Residence:                | City: | State: | Country:     |  |
| Post Office Address:      |       |        |              |  |

|                           |       |        |              |  |
|---------------------------|-------|--------|--------------|--|
| (6) Inventor's Signature: |       |        | Date:        |  |
| Full Name:                |       |        | Citizenship: |  |
| Residence:                | City: | State: | Country:     |  |
| Post Office Address:      |       |        |              |  |

|                           |       |        |              |  |
|---------------------------|-------|--------|--------------|--|
| (7) Inventor's Signature: |       |        | Date:        |  |
| Full Name:                |       |        | Citizenship: |  |
| Residence:                | City: | State: | Country:     |  |
| Post Office Address:      |       |        |              |  |

|                           |       |        |              |  |
|---------------------------|-------|--------|--------------|--|
| (8) Inventor's Signature: |       |        | Date:        |  |
| Full Name:                |       |        | Citizenship: |  |
| Residence:                | City: | State: | Country:     |  |
| Post Office Address:      |       |        |              |  |

|                           |       |        |              |  |
|---------------------------|-------|--------|--------------|--|
| (9) Inventor's Signature: |       |        | Date:        |  |
| Full Name:                |       |        | Citizenship: |  |
| Residence:                | City: | State: | Country:     |  |
| Post Office Address:      |       |        |              |  |